

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVAL... FILED  
 19.1042

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

00 JUL 31 AM 7:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P26994

AND SAVE, INC.



7/10/00 90195 001 -  
 DO NOT WRITE IN THIS SPACE

Place of Business Mailing Address  
 AVENUE PO BOX 3409  
 200 JACKSON MS 39207-3409  
 MS 39204-3613

3. Date incorporated or Qualified  
 11/21/1989

4. FEI Number  
 64-0779730

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Country Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

| Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating)   | DATE   |
|--|--|--|
| <b>OFFICERS AND DIRECTORS</b>  |  |  |
| C/D<br>HOLMAN W H JR<br>1770 ELLIS AVENUE, SUITE 200<br>JACKSON MS 39204       | <input checked="" type="checkbox"/> DELETE   |  |
| CEO<br>JULIAN, MICHAEL E<br>1770 ELLIS AVENUE, SUITE 200<br>JACKSON MS 39204   | <input checked="" type="checkbox"/> DELETE   |  |
| COO<br>JOHNSON, RONALD E<br>1770 ELLIS AVENUE, SUITE 200<br>JACKSON MS 39204   | <input checked="" type="checkbox"/> DELETE   |  |
| P<br>HOLMAN, W.H., III<br>1770 ELLIS AVENUE, SUITE 200<br>JACKSON MS 32904     | <input checked="" type="checkbox"/> DELETE   |  |
| V<br>CANADA, R BARRY<br>1770 ELLIS AVENUE, SUITE 200<br>JACKSON MS 32904       | <input checked="" type="checkbox"/> DELETE   |  |
| SRV<br>BLACK, DAVID R<br>1770 ELLIS AVENUE, SUITE 200<br>JACKSON MS 39204-3613 | <input checked="" type="checkbox"/> DELETE   |  |
| <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                   |  |  |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                 | CEO & President.<br>Ronald E. Johnson<br>1770 Ellis Ave., Suite 200<br>Jackson, MS 39204             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                 | Chief Financial Officer<br>Greg Presley<br>1770 Ellis Avenue, Suite 200<br>Jackson, MS 39204         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                 | Chief Restructuring Officer<br>Michael A. Feder<br>1770 Ellis Avenue, Suite 200<br>Jackson, MS 39204 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                 | Assistant Secretary<br>Sylvie D. Robinson<br>1770 Ellis Avenue, Suite 200<br>Jackson, MS 39204       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

I certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Sylvie D. Robinson

6/26/00 (601) 346-2212  
 Date Daytime Phone #

CR2F034 (5/99)